



00169.001640.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)

ALAN TONISSON)

Application No.: 09/524,698)

Filed: March 14, 2000)

For: METHOD OF COMPILING)
COMPOSITING EXPRESSIONS :
FOR OPTIMISED RENDERING)

Examiner: J. Amini

Group Art Unit: 2672

March 19, 2004

RECEIVED

MAR 25 2004

Technology Center 2600

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Preliminary to continued examination, please further amend the
above-referenced application as follows. The claims changes are reflected in the listing
beginning at page 2. The Remarks begin at page 31.

I hereby certify that this correspondence is being deposited with the United
States Postal Service as first-class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 19, 2004.

(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)

(Name of Attorney for Applicant)

Leonard P. Diana

Signature

March 19, 2004

Date of Signature



In re Application of:

Docket No. 00169.001640.

ALAN TONISSON

Application No.: 09/524,698

Examiner: J. Amini

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EXPRESSIONS FOR OPTIMIZED RENDERING

Date: March 19, 2004

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THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

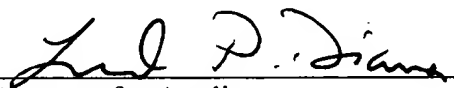
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 67	MINUS	** 128	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 6	MINUS	*** 12	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. /

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 29, 296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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